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FAX

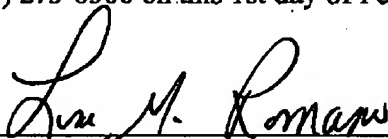
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To	Examiner Celia Chang Group Art Unit: 1625
Company	USPTO
FAX	571 273-8300
From	Nandakumar Govindaswamy
Date	February 1, 2007
Subject	Application No. 10/677,501 Attorney Docket No. VPI/98-21 DIV US
Total Pages:	10

Message or Comment***CERTIFICATE OF FACSIMILE TRANSMISSION***

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (571) 273-8300 on this 1st day of February, 2007.


Lisa M. Romano

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FAX Number (617) 444-6483 Legal Department

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VPI/98-21 DIV US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Celia Chang
Group Art Unit : 1625 Confirmation No.: 8260
Applicants : David Lauffer
Serial No. : 10/677,501
Filed : October 10, 2003
For : N-SUBSTITUTED GLYCINE DERIVATIVES

Cambridge, Massachusetts
February 1, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☒ Petition for Three-Month Extension of Time; ☐ a Supplemental Amendment; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; to be filed in the above-identified patent application.

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FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 18 =	\$
INDEPENDENT CLAIMS	-	** =	X \$ 84 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$280 =	\$
* If less than 20, insert 20.		TOTAL		\$
** If less than 3, insert 3.				

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

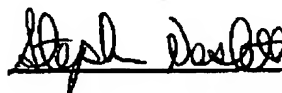
☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

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EXTENSION FEE

- [X] The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [X] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- [] A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- [] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] Please charge the [] \$120.00; [] \$450.00; [X] \$1,020.00; [] \$1,590.00; [] \$2,160.00; extension fee to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

 28981

for Nandakumar Govindaswamy
Reg. No. 56,285
Attorney for Applicants

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